

social life and expectations between women and men. Deeper societal changes are needed to reduce the inequities in pain experience between women and men.

PPN5

ASSESSING PATIENT SATISFACTION WITH PHARMACOLOGICAL PAIN TREATMENT IN AMBULATORY PRIMARY CARE PATIENTS

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OBJECTIVES: To develop a reliable, valid and sensitive tool to assess satisfaction with pharmacological pain treatment among primary care patients. **METHODS:** Content sources for the initial version (IV) were bibliographic review, focus groups with patients, and expert opinion. IV was tested in a prospective study with ambulatory pain patients. Item-total statistics and exploratory factor analysis (FA) were performed for item reduction. The final version (FV) was psychometrically assessed by: internal consistency (Cronbach's alpha—CA), test-retest reliability in patients maintaining treatment (intraclass correlation coefficient ICC), convergent/discriminant validity (SF-12 and pain intensity—VAS), construct validity (lineal multiple regression), extreme groups validity for patients presenting pain relief (ROC curves) and responsiveness in patients changing treatment (effect size—ES). **RESULTS:** The IV was administered to 362 patients (58% women, age 51y, 48% suffering from osteoarthritis). Four items were deleted from the IV owing to a low item-scale homogeneity, leading-weight in FA and/or contribution to CA values. The final FA explained 70.2% of the variance. Four dimensions were identified: adverse events (AE), speed-duration of effect, functional benefit and overall satisfaction. A total of 97.2% of patients full-completed the FV. CA for the global score (GS) was 0.88 and over 0.80 for all dimensions. ICC for GS was 0.73 and ranged from 0.59 (functional benefit) to 0.80 (AE). Correlations were low to moderate with SF-12 (0.11–0.30) and moderate to good with VAS (0.48 to 0.55, except AE, 0.20). Pain frequency, intensity and relief were independently associated with satisfaction GS, accounting for 43.5% of variance. Area under the curve was 0.78 for GS and over 0.65 for all dimensions (except AE, 0.57). ES were large for GS and dimensions (0.8 to 2.5). **CONCLUSIONS:** This new 10-item measure has proved to be reliable, valid and sensitive to assess pharmacological pain treatment satisfaction in primary care patients.

PPN6

CRITICAL PATHWAY STATUS: A COMPARISON OF PATIENT OUTCOMES

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OBJECTIVES: To compare patient reported outcomes of pain and quality of life (QOL) between breast cancer surgery patients. The analysis compared one patient group that was on a critical pathway to a patient group that was not on a critical pathway during their hospital stay. **METHODS:** A quasi-experimental study of patients discharged for breast cancer surgery at a community-based teaching hospital. The analysis for this study included 3 distinct patient-reported pain ratings 3–6 days post-discharge: highest and lowest levels since discharge and current level of pain at the time of assessment. Additionally, patients completed the Functional Assessment of Cancer Therapy-Breast Subscale (FACT-B) six months post-discharge. Data were collected via telephone interview. **RESULTS:** Study groups were found to have similar sociodemographic characteristics. There were no statistically significant differences between the study groups for the pain or QOL outcomes. Length of stay (LOS) was found to be statistically significant between the pathway and non-pathway groups ($p = 0.020$). A total of 77.3% of the pathway group and 76.7% of the non-pathway reported pain ratings ≥ 3 when rating their highest level of pain since discharge. **CONCLUSIONS:** Regardless of pathway status, patients reported similar outcomes of pain and QOL. The implementation of the pathway helped formalize the care delivered at the institution. While the findings illustrate consistent delivery of care regardless of pathway status, they also indicate further attention to pain management post-discharge is needed. Over 75% of patients in both groups did not meet the pathway standard when rating their highest level of pain. The pathway can serve as an informative tool by identifying areas for improvement. The data gathered can be used as a baseline comparison measure once these areas have been identified and changes implemented. Future research should evaluate pathways and their impact on patient care after a patient has been discharged from the hospital.

PPN7

THE WILLINGNESS-TO-PAY APPROACH IN THE COST-BENEFIT ANALYSIS: THE TREATMENT OF PATIENTS AFFECTED FROM PAINFUL PATHOLOGY

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OBJECTIVES: To measure the willingness-to-pay of patients who suffer from benign and intense chronic pain and to investigate the relationship with the social and demographic characteristics of the sample and the stated and perceived quality of life. **METHODS:** Data from a research on a sample of 205 and 158 patients suffering from intense and chronic pain will be discussed, as in the questionnaire it was asked how much every patient would

be disposed to pay to eliminate pain. The question previewed an alternative answer between 4 possibilities that represent a range of values that were defined a priori. Contents: To estimate in a critical way the use of the WTP method cost effectiveness analyses. In this case the WTP is used as an indicator of the potential question of the patients for a greater treatment of pain. Results about WTP and the relations between the social and demographic features will be discussed. WTP will also be associate to the expectations on the treatment of pain and the quality of life level and expected utility, obtained by the SF-36 and EQ-5D questionnaires, before the start of treatments and after the check of therapy. **RESULTS:** The analysis has allowed to quantify in €126,53 the willingness to pay in order to eliminate the intense pain in 24 hours and in €236,74 the mean of the willingness to pay in order to eliminate the chronic pain in 30 days. **CONCLUSION:** Combined analyses of the WTP and the quality of life (Eq-5d) has shown interesting relations between the gravity of painful pathology and the willingness to pay in order to eliminate it. Meaningful relations have recorded also between the WTP and the different kinds of perceived pain and expectation in the treatment of pain.

PPN8

SUSTAINED-RELEASE TRAMADOL IN CHRONIC PAIN TREATMENT: EFFECTIVENESS AND INFLUENCE ON QUALITY OF LIFE

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OBJECTIVE: Assess effectiveness and health related quality of life of sustained-release tramadol in chronic pain treatment. **METHODS:** Prospective, multicenter and observational study. Out-patients attending Spanish pain units who initiate treatment with tramadol were recruited. Anthropometric characteristics, type of pain, intensity of pain scored on a visual analogical scale (VAS) were registered. Lattinen test and score on a sleep quality scale were recorded at the beginning of treatment. Follow-up visits were performed after a week and a month of treatment, when adverse events and treatment variations were registered. SF-12 questionnaire was fulfilled by patients at initiation and final visits. **RESULTS:** Out of 907 patients, 66.03% were women. A total of 52.9% patients affected with lumbalgia and 33.9% with osteoarthritis. After a month of treatment all pain indicators experimented a significant decrease: VAS score diminished from 7.3 ± 1.3 to 4.6 ± 2.6 ($p < 0.05$) and to 3.9 ± 2.4 ($p < 0.05$) at first week and month respectively, Lattinen score improved from 12.0 ± 2.6 to 9.3 ± 3.5 ($p < 0.05$) and 7.7 ± 3.7 ($p < 0.05$) successively. Score on sleep quality scale increased from 4.8 ± 2.6 to 5.2 ± 3.2 ($p < 0.05$) and 5.2 ± 3.9 ($p < 0.05$) along follow-up visits.

Rate compliance was 93.2% out of patients during the month of study. Quality of life was mainly improved on physical sphere (increase of 5.6 ± 9.6 , $p < 0.01$). VAS score, Lattinen test score, arthrosis or visceral pain, regular exercise and normal weight accounted as a mean predictive factors for physical quality of life. **CONCLUSIONS:** Sustained-release Tramadol showed to be effective on chronic pain at first week of treatment. Treatment effectiveness was reflected on a significant improvement on physical quality of life. Daily unique dosage may act as an important factor for good treatment compliance.

PPN9

CHRONIC PAIN PATIENTS' SATISFACTION AND QUALITY OF LIFE WITH TRANSDERMAL ANALGESIC MEDICATION

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OBJECTIVES: Main objective is the analysis of chronic pain patients' satisfaction with transdermal analgesic medication and related quality of life. Satisfaction with the application form is one aspect of patient satisfaction that is not often examined. This study compares patient satisfaction and quality of life with a buprenorphine transdermal system (Transtec®) vs oral medication/tablet (different substances). **METHODS:** Chronic pain patients were documented in a post marketing surveillance. Of these 160, mainly out-patients with chronic musculoskeletal pain, were asked to participate in this investigation additionally. They completed a battery with quality of life scales (e.g. SF 36) and an additional, validated questionnaire about patient satisfaction with the analgesic medication. Questionnaires were administered at two measuring points: when still using tablets and 4–8 weeks later, after the change to the transdermal system (patch). **RESULTS:** Quality of Life (e.g. SF 36) was generally very low among the sample. Especially physical functioning and vitality were impaired by chronic disease and chronic pain. The results of the patient satisfaction questionnaire indicate, that patients were more satisfied with transdermal analgesic medication than with tablets, especially if they profit from higher mobility/autonomy, e.g. by being able to work again. Overall satisfaction with the buprenorphine transdermal system was not only influenced by perceived impairment by pain and effectiveness of the analgesic but also by mobility/autonomy, satisfaction with quality of life and the doctor-patient-relationship. **CONCLUSIONS:** Patient Satisfaction with transdermal analgesic medication is more than Quality of Life and pain relief. Although all three aspects influence each other, it's worth exploring them separately.